

**C.E.R.T.**

COMMUNITY EMERGENCY RESPONSE TRAINING  
NEIGHBOR HELPING NEIGHBOR

**CONFIDENTIAL INFORMATION**  
**2004 APPLICATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Work Phone (    ) \_\_\_\_\_ Extn.: \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Pager (    ) \_\_\_\_\_

Email : \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address \_\_\_\_\_ Zip Code \_\_\_\_\_

How did you hear about the CERT Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List related community service and training over last five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes, I want to be a CERT member. I hereby request to participate in the Community Emergency Response Team training in Rowan County. I am 18 years or older and physically able to be an active participant (class includes lifting, bending and walking). I understand that if I am accepted, I will make a commitment to attend ALL classes.

Signed: \_\_\_\_\_

Date : \_\_\_\_\_

Attn.: Marshall Moore  
Salisbury Fire Department  
514 East Innes St. Salisbury, NC 28144  
Voice: 704-638-4465 Fax: 704-638-8423 E-mail: [mmoor@salisburync.gov](mailto:mmoor@salisburync.gov)